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WILTSHIRE
COUNTY
COUNCIL



Annual Report of the Principal School Medical Officer for the year 1970

Being the report required to be made by the Principal School
Medical Officer under Section 92 of the Education Act, 1944

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FOR THE YEAR

1970



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C O N T E N T S

	Page
Audiometry	13
B.C.G. Immunisation	29 & 34
Child Guidance	17 & 34
Children in Care	11
Chiropody	15
Cleanliness of Children	10 & 32
Clinics	35
Dental Examination and Treatment	26 & 34
Ear, Nose and Throat Treatment	16 & 33
Employment of Children and Young Persons	11
Enuresis	20
Entrants to Teaching : Medical Examination	11
Eye Clinics	16 & 32
Handicapped Pupils	21 & 33
Health Education	28
Hearing Loss in School Children	12
Heart Clinics	15
Infectious Disease	29
Meals in Schools	29
Medical Examinations and Treatment	7 & 30
Milk in Schools	29
Orthopaedic Clinics	16
Police Cadets, Medical Examination	11
Population, School	4
Rubella Immunisation	29
Remedial Exercises	15 & 33
School Premises	29
Sight Testing	14
Skin Conditions	33
Specialist Clinics	15
Speech Therapy	15 & 32
Staff	5
Swimming Pools	29
Swindon, Excepted District of	30
Tuberculosis : Protection of School Children	29 & 34

Foreword

The only new service directly affecting school children which was commenced during 1970 was the scheme for immunisation against rubella. The object is to immunise girls between their eleventh and fourteenth birthdays so as to provide protection when they subsequently reach child-bearing age because of the association between rubella in early pregnancy and congenital abnormalities in the child.

However, the work of the School Health Service continued to grow with the increase in school population, and a number of minor changes were made to further improve efficiency of working, including the increased use of part-time school nurses.

During the year preparations were made for several important changes expected in 1971. These included the change to the selective method of medical examination throughout the County, which was agreed by the Education Committee in January, 1971. This was only decided upon after very careful thought and a prolonged trial of the method in certain schools. While the examinations of children at entry and at the statutory school leaving age are retained, children are not examined by a doctor in between unless there appears, in consultation the teacher, parents, general practitioner, school nurse or health visitor or otherwise to be a special need for this. The consultations should have the effect of bringing these essential individuals into closer contact, though the method requires more time of the school doctor and nurse than the examination of an intermediate age group.

With increasing interest in developmental paediatrics and in the preventive aspects of child health generally it is now proving opportune to bring general practitioners more into the work of the School Health Service itself, and this should be a useful step in the gradual change which is occurring towards the integration of health services in England, which is expected to be furthered by the reorganisation of the National Health Service in 1974.

Among other changes which will be more fully discussed in the next Annual Report is the inclusion within the education system of the teaching of mentally handicapped children who have hitherto been outside it.

The health of Wiltshire school children remains good and the School Health Service has continued to play an important part in this.

Within the framework of the present health services the help of hospital specialists in matters of school children's health has been of the greatest importance as well as that of general practitioners.

I wish to thank the staff of the School Health Service for their continued good work and also the Chief Education Officer and the staff of the Education Department for their unfailing co-operation.

C. D. L. LYCETT.

County Hall,
Trowbridge.

School Population

The number on the rolls of maintained schools, excluding the Borough of Swindon, in January of each of the previous ten years is given below :—

Year	1961	...	...	...	...	48,270	1966	...	...	...	...	55,009
	1962	...	...	...	...	48,611	1967	...	...	...	...	57,036
	1963	...	...	...	...	49,643	1968	...	...	...	...	60,103
	1964	...	...	...	...	51,516	1969	...	...	...	...	62,619
	1965	...	...	...	...	53,465	1970	...	...	...	...	65,231

In January 1971 the details were as follows :—

								<i>Number of Schools</i>	<i>Number on Roll</i>
Primary	...	...	...	...	...	...	...	278	43,170
Secondary :—									
Modern	...	...	...	...	...	...	...	28	13,083
Comprehensive	...	...	...	...	...	...	...	8	5,924
Grammar	...	...	...	...	...	...	...	7	4,369
Technical	...	...	...	...	...	...	...	1	61
Special Schools	...	...	...	...	...	...	...	2	177
Maintained Hospital Special School	...	...	...	...	...	...	...	1	52
Direct Grant, Non-maintained and Independent Schools, including Non-maintained Hospital Special Schools (under arrangements made by the Authority)	...	...	...	...	...	...	...	—	596
								325	67,432

Excepted District of Swindon (in addition) :—

Primary	...	...	...	...	...	...	50	11,657
Secondary Comprehensive	...	...	...	...	...	...	16	9,368
Special Schools	...	...	...	...	...	...	2	235
							68	21,260

Staff

Principal School Medical Officer and County Medical Officer of Health :—

C. D. L. Lycett, M.D., B.S., D.P.H.

Deputy Principal School Medical Officer and Deputy County Medical Officer of Health :—

J. H. Whittles, *T.D.*, M.D., B.S., B.Sc., D.P.H.

Senior Medical Officers :—

E. Hazel Williams, M.B., B.S., D.P.H., D.C.H.

S. W. W. Terry, M.B., B.S., D.P.H., D.T.M. and H.

Principal Borough School Medical Officer and Medical Officer of Health for Swindon :—

J. Urquhart, M.B., Ch.B., D.P.H.

School Medical Officers :—

W. E. Anwyl, M.R.C.S., L.R.C.P., D.P.H., D.I.H. (Also Medical Officer of Health, Highworth Rural District).

P. C. Barry, L.R.C.P. and S., D.P.H. (Also Medical Officer of Health, Devizes Borough and Devizes Rural District).

J. L. Davies, M.B., B.S., D.P.H. (Also Medical Officer of Health, Trowbridge Urban District and Bradford-on-Avon Urban District). (Resigned 31.12.70).

F. R. T. Hollins, B.A., M.B., B.Ch., B.A.O., D.P.H. (Also Medical Officer of Health, Salisbury City).

E. H. Lamb, M.B., Ch.B., D.P.H., D.I.H. (Also Medical Officer of Health, Cricklade and Wootton Bassett Rural District).

F. J. G. Lishman, M.D., B.S., D.P.H., D.L.O., L.M.C. (Canada). Also Medical Officer of Health, Wilton Borough, Salisbury and Wilton Rural District, Mere and Tisbury Rural District).

J. Reynolds, *M.C.*, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (Also Medical Officer of Health, Warminster Urban District, Westbury Urban District, Warminster and Westbury Rural District).

F. D. F. Steede, M.B., B.Ch., B.A.O., D.P.H. (Also Medical Officer of Health, Marlborough Borough, Amesbury Rural District, Pewsey Rural District, Marlborough and Ramsbury Rural District).

G. Wolfenden, M.B., B.Ch., B.A.O., D.P.H. (Also Medical Officer of Health, Melksham Urban District and Bradford and Melksham Rural District).

J. R. R. Wray, M.R.C.S., L.R.C.P., D.P.H. (Also Medical Officer of Health, Calne Borough, Chippenham Borough, Malmesbury Borough, Calne and Chippenham Rural District, Malmesbury Rural District).

A. F. Fowler, M.R.C.S., L.R.C.P., D.T.M. and H., D.P.H.

H. Margaret Hammond, M.B., Ch.B.

J. S. Harper, M.B., Ch.B., M.R.C.P., D.P.H.

Angela M. Pickrell, M.B., Ch.B.

Delia F. Morris, M.B., B.S., D.P.H.

Blaguigna Popham, M.R.C.S., L.R.C.P., D.P.H. (Retired 30.9.70).

Psychiatrists (Part-time) :—

R. F. Barbour, M.A., F.R.C.P., D.P.M.

T. A. A. Hunter, B.A., M.B., B.Ch., M.R.C.P.

J. E. Oliver, M.B., B.S., D.P.M. (Oxford Regional Hospital Board).

K. C. P. Smith, M.R.C.S., L.R.C.P., D.P.M.

Educational Psychologists :—

C. S. Rushton, B.A.

R. C. Hamilton, M.A., Ed.B., B.Sc., B.Litt.

Psychiatric Social Workers :—

Mrs. D. J. Runswick.

Miss J. Pick.

Trainee Psychiatric Social Workers :—

Miss H. Reynolds, B.Sc. (Resigned 30.6.70).

Mrs. J. Benefield, B.Sc. (Commenced 30.11.70).

Child Guidance Social Workers :—

C. J. Humphreys, Dip.Soc.Sc. (Resigned 8.9.70).

Mrs. N. Coulter (Part-time) (Commenced 10.6.70).

Principal School Dental Officer and Chief Dental Officer :—

D. Middleton, L.D.S.

Area Dental Officer :—

W. A. Humpherson, L.D.S., B.D.S.

Orthodontists :—

Dorothy M. Y. Campbell, L.D.S., D.D.O.
E. E. Roberts, L.D.S., D.Ortho. (Commenced 4.5.70).

School Dental Officers :—

P. M. H. Balfe, B.D.S.
Patricia Ensum, L.D.S.
A. E. Fisher, B.D.S.
J. Green, B.D.S. (Commenced 26.1.70).
C. A. J. Heath, L.D.S.
I. Hopes, B.D.S.
P. R. I'Anson, L.D.S.
D. T. Lacey, B.D.S.
R. J. McFeat, L.D.S.
Mrs. E. B. Medley, L.D.S., B.D.S.
E. D. G. Medley, L.D.S., B.D.S., B.Sc. (Commenced 14.12.70).
C. J. Nash, L.D.S.
D. A. Newton, B.D.S.
R. J. Ryder, B.D.S. (Resigned 31.12.70).

Dental Auxiliaries :—

Miss J. M. F. Hadingham. (Resigned 23.8.70).
Mrs. D. R. Stableforth. (Resigned 15.5.70).

Chief Administrative Assistant :—

R. M. Bainton.

Remedial Instructresses :—

Miss D. M. Jones.
Mrs. J. Samuel.
Miss R. M. Slinger.

Speech Therapists :—

Miss E. A. Miles, L.C.S.T.
Mrs. J. M. Coates, L.C.S.T. (Part-time). (Resigned 20.11.70).
Mrs. M. M. Howard, L.C.S.T. (Part-time). (Resigned 31.12.70).
Mrs. I. Jarvis. (Commenced 17.9.70).
Mrs. E. M. E. Stone, L.C.S.T. (Part-time) (Resigned 31.12.70).

Hearing Therapists :—

D. W. Brown, B.A.
R. ap Harri.

Audiometricians (Part-Time) :—

Mrs. S. Lovelock.
Mrs. R. Matthews.

The establishment of medical officers is sixteen. Ten medical officers are also district medical officers of health and all share the clinical work of the school health service.

At the end of 1970, there were two vacancies on the whole time establishment but these are not to be filled at present and general practitioners are to be given an opportunity to work on the school health service and other part-time doctors are also employed. The time devoted by whole time medical officers apart from head-quarter's medical staff to the school health service at the end of 1970 was equivalent to 6.1 whole-time medical officers.

Dr. C. L. Broomhead, Dr. B. Popham, Dr. R. Beswick and Dr. Chesshire were employed on a part-time sessional basis. Their time during the year was equivalent to 0.5 of a whole time doctor.

The dental establishment is one Principal School Dental Officer, one Area Dental Officer, two orthodontists, sixteen dental officers and six dental auxiliaries. At the end of 1970, there were vacancies for one dental officer and four auxiliaries. The following were employed on a part-time sessional basis :—

Mrs. C. H. Peace (orthodontist), Mr. A. F. Craig, Mrs. J. Ellwood, Mrs. J. Heath, Mrs. A. F. Lacey (dental auxiliary) and Mr. R. S. McMinn.

Although there are two educational psychologists on the school health service staff, they work half-time in the school psychological service, and two psychologists on the staff of the Education Department devote half of their time to child guidance work.

There is one whole time school nurse, six part-time school nurses and 81 health visitor/school nurses. In the aggregate, this is equivalent to the services of approximately 14 whole time school nurses.

The establishment of speech therapists is five. In addition to those named above, Mrs. E. Broadbent, Mrs. L. M. Copeland, Mrs. P. J. Hoare and Mrs. C. M. Richardson were employed on a part-time sessional basis. At the end of 1970, all the speech therapists employed were equivalent to 3.6 whole-time officers.

Medical Examinations and Treatment

The number of children examined and re-examined during 1970 are given below. The figures in brackets are for the year 1969 :—

Entrant Examination	...	...	...	...	...	...	7,028	(6,654)
Leaver Examination	...	...	...	...	...	...	4,901	(4,169)
Intermediate and other periodic examinations	...	...	...	...	...	...	7,487	(6,256)
(Pupils admitted to grammar schools who had not previously been examined or missed examination at the age of 10, primary and secondary modern school children who had missed examination in their age groups and children examined at the age of eight in one pilot area)								
Special Examinations	...	...	...	...	...	...	19,416 255	(17,079) (318)
							19,671	(17,397)
Re-examinations	...	...	...	...	...	...	6,231	(4,432)

The arrears of periodic medical examinations at the end of 1970 were 459 children in 11 schools. This was 531 fewer than the arrears at the end of 1969.

The following table shows the proportion of parents who attended at the children's medical examinations :—

			Percentage of parents present					
			1965	1966	1967	1968	1969	1970
Entrant examination	...	...	87.6	83.7	86.7	87.1	87.2	87.2
Leaver examination	...	...	12.1	13.6	12.2	11.8	13.5	11.8
Other periodic examinations	...	...	66.9	74.7	69.2	69.6	71.2	69.1
All periodic examinations	...	...	58.9	63.7	62.4	63.1	63.6	60.5

Pilot schemes of alternative methods of medical examination were continued during the year. One of these in the Stratton, Wroughton, Highworth and Marlborough secondary modern school areas involves the examination of an additional age group as a routine at the age of eight, and the other in the Calne and Chippenham secondary modern school areas is of the selective method of medical examination.

FINDINGS AT MEDICAL EXAMINATIONS

The percentage of children whose general physical condition was recorded as unsatisfactory at periodic medical examinations since 1959 has consistently improved and was as follows :—

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Percentage unsatisfactory	3.2	1.7	1.0	1.2	0.8	0.8	0.6	0.6	0.4	0.2	0.12	0.10

The numbers of children in each main age group found to require treatment were as follows :—

Age Groups Examined	For defective vision (excluding squint)	For any of the other conditions recorded	Total individual pupils
Entrants	274	1,021	1,113
Leaver Examinations ...	390	993	1,255
Other periodic examinations	503	409	672
	1,167	2,423	3,040

Total number of children examined	...	...	...	...	19,416
Percentage of those examined found to require treatment	...				15.6
Percentage of those examined found to require treatment for conditions other than defective vision	...	...	...		12.4

Comparative figures over a period of five years are given in the table below. The first column in each year is the number of children who needed treatment for any condition, including defective vision. The figures in brackets exclude children who were found to need treatment for defective vision only.

Percentage of children examined found to require treatment :—

				1966		1967		1968		1969		1970	
Entrants	...	...	...	21.1	(19.5)	19.7	(17.2)	18.5	(16.7)	18.3	(16.8)	15.8	(14.5)
Leaver examinations	...	...		19.7	(12.7)	16.7	(10.0)	17.8	(11.3)	20.3	(11.9)	25.6	(20.2)
Other periodic examinations	...			24.1	(18.8)	19.6	(15.1)	19.5	(15.0)	19.9	(15.6)	8.9	(5.4)
All examinations	...	...		21.9	(17.6)	21.9	(17.6)	19.0	(14.8)	19.4	(15.1)	15.6	(12.4)

The following tables show the number of children in each year of birth found to have satisfactory or unsatisfactory physical condition and of those who require treatment.

Age Groups inspected (By year of birth)	No. of Pupils who have received a full medical examination	Physical condition of pupils examined		Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory	Unsatisfactory	for defective vision (excluding squint)	for any other condition	Total Individual pupils
		No.	No.			
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1966 and later	95	95	—	9	23	26
1965	4,118	4,115	3	133	478	547
1964	2,815	2,810	5	132	520	540
1963	694	694	—	32	136	153
1962	1,043	1,041	2	42	137	157
1961	612	612	—	33	61	68
1960	3,985	3,984	1	304	500	691
1959	753	751	2	52	109	111
1958	256	256	—	18	22	27
1957	144	143	1	22	28	48
1956	3,275	3,266	9	272	313	495
1955 and earlier	1,626	1,622	4	118	96	177
TOTAL	19,416	19,389	27	1,167	2,423	30,40

RETURN OF DEFECTS FOUND BY MEDICAL EXAMINATION

Defect or Disease								Periodic Examinations				Special Examina- tions
								Entrants	Leavers	Others	Total	
Skin	...	...	...	...	...	...	T	87	97	104	288	1
							O	104	33	64	201	—
Eyes—	(a)	Vision	...	...	...	...	T	274	390	503	1,167	15
							O	812	255	495	1,562	9
	(b)	Squint	...	...	...	...	T	112	21	60	193	2
							O	51	14	32	97	1
	(c)	Other	...	...	...	...	T	9	7	14	30	1
							O	7	7	5	19	—
Ears—	(a)	Hearing	...	...	...	...	T	107	23	74	204	9
							O	318	23	141	482	23
	(b)	Otitis Media	...	...	...	...	T	62	10	32	104	8
							O	113	1	39	153	2
	(c)	Other	...	...	...	...	T	24	5	16	45	3
							O	10	5	7	22	—
Nose and Throat	...	...	...	...	...	...	T	108	22	74	204	9
							O	324	25	105	454	6
Speech	...	...	...	...	...	...	T	116	8	33	157	4
							O	106	4	24	134	1
Lymphatic Glands	...	...	...	...	...	...	T	4	1	1	6	—
							O	50	2	12	64	2
Heart	...	...	...	...	...	...	T	24	10	14	48	—
							O	37	13	20	70	—
Lungs	...	...	...	...	...	...	T	55	25	52	132	—
							O	101	17	47	165	2
Developmental—	(a)	Hernia	...	...	...	...	T	18	—	11	29	1
							O	8	2	—	10	—
	(b)	Other	...	...	...	...	T	39	12	76	127	—
							O	95	23	65	183	1
Orthopaedic—	(a)	Posture	...	...	...	...	T	33	43	95	171	4
							O	25	8	54	87	1
	(b)	Feet	...	...	...	...	T	229	45	143	417	6
							O	92	13	49	154	1
	(c)	Other	...	...	...	...	T	82	24	64	170	2
							O	63	24	28	115	—
Nervous System—	(a)	Epilepsy	...	...	...	...	T	15	14	12	41	—
							O	16	6	16	38	—
	(b)	Other	...	...	...	...	T	30	13	21	64	1
							O	85	12	23	120	—
Psychological—	(a)	Development	...	...	...	...	T	18	21	37	76	—
							O	81	14	66	161	3
	(b)	Stability	...	...	...	...	T	29	16	36	81	2
							O	77	17	55	149	3
Abdomen	...	...	...	...	...	...	T	12	12	7	33	1
							O	13	7	17	37	1
Other	...	...	...	...	...	...	T	74	43	93	209	3
							O	81	45	69	197	—

T—Requiring Treatment O—Requiring Observation

CLEANLINESS

The total number of examinations by school health visitors carried out in 1970 was 129,184.

The following table shows the incidence of head infestation in the last ten years.

			1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
Children found to be infested	...	...	199	268	211	186	186	202	139	114	95	288
Percentage of school population	...	...	0.409	0.540	0.410	0.349	0.345	0.354	0.234	0.206	0.146	0.443
Cleansing notices issued	...	...	41	42	53	35	26	20	20	12	18	69

It is the usual practice for children in primary schools to be examined by school health visitors or school nurses once a term and in secondary schools for each child to be seen once a year individually and in private with the emphasis more on general health matters than on the search for head lice. By the end of the summer of 1970, however, it became clear that there was an increase in the number of children with head infestation and consequently, in the autumn term a survey was carried out by two examinations of each child in primary schools (one before and one after half-term) and one examination of all children in secondary schools. The result showed an increase of head infestation which was approximately three times that of the previous year and higher than any since 1962. However, the survey was more complete than the examinations in 1969 especially in secondary schools and so increase may not be as great as the figure appears to show. Head infestation is usually a family problem and all cases of infestation are followed up in the home.

The matter is being kept under close observation and examinations of each child in primary and secondary schools are being continued during the first term of 1971, after which the position will be reviewed.

Other Examinations

Special examinations under the following headings were undertaken by school medical officers.

EMPLOYMENT OF CHILDREN AND YOUNG PERSONS

	1969	1970
Children examined	236	127
Children considered unfit for employment ...	1	1

CHILDREN IN CARE

Medical officers visit homes maintained by the Children's Committee to examine children periodically, and to discuss with the Staff any general health problems concerning children in the homes.

Dr. R. F. Barbour, child guidance psychiatrist, pays weekly visits to the Starfield Reception Centre to give general advice to the staff there and of other children's homes and to see children in and about whom advice is sought by the staff of the Children's Department. Some of the children are for assessment prior to case conferences at Starfield and these are also examined by a school medical officer. Dr. E. H. Williams, senior medical officer, and Dr. Barbour, attend the case conferences.

Young people in hostels for working boys and girls are examined annually by the general practitioners for the hostels.

Children who are boarded out are medically examined annually. There is an opportunity for school medical officers to do this when they are at the children's schools for periodic medical examinations. If this cannot be done the examinations are carried out by the foster parents' family doctors.

MEDICAL EXAMINATIONS OF ENTRANTS TO COURSES OF TRAINING FOR TEACHING AND TO THE TEACHING PROFESSION

The following examinations were carried out under this heading :—

Candidates for admission to teachers' training colleges	347	(338)
Candidates for entry to the teaching profession ...	25	(10)

The figures in brackets relate to 1969

MEDICAL EXAMINATION OF POLICE CADETS

Police cadets are required to be medically examined at intervals of six months to establish that they are not suffering from any condition which will render them unfit for mustering to the police force at the end of their training. These examinations are carried out by school medical officers. Seventy-seven examinations of police cadets were carried out in 1970.

Special forms of Diagnosis and Treatment

HEARING LOSS IN SCHOOL CHILDREN

The following table shows the extent to which the routine audiometric testing was carried out in 1970 with comparative figures for 1969.

Carried forward from 1969	...	...	...	...	...	1,137
Entrants in 1970	...	...	...	...	...	8,621
Total for testing in 1970	...	...	...	...	...	9,758

	1969	1970
Tested ...	8,973 (88.8% of those due for testing)	9,250 (92.3% of those due for testing)
Absent from school at the time of test	413 (4.0% of those due for testing)	368 (3.7% of those due for testing)
Children at schools not visited	353 (3.4% of those due for testing)	Nil (0.0% of those due for testing)
Could not be tested in time available while at schools	371 (3.6% of those due for testing)	140 (1.4% of those due for testing)
Total arrears to be dealt with in 1971	...	508 (5.2% of those due for testing)

Arrangements for routine audiometry of school children were begun in Wiltshire in 1957. In the same year, the first course to train health visitors in simple tests to detect hearing loss in young babies was held and screening of the hearing of infants commenced. As more health visitors were trained, the screening became more complete, the babies who failed the test being referred for specialist assessment. The two procedures are linked by the services of hearing therapists who do further testing where necessary—particularly for pre-school children—give advice to parents of children with impaired hearing, supervise the use of hearing aids, give advice to teachers and provide a link with ear, nose and throat specialists and the peripatetic teachers of the partially hearing.

The audiometric testing of school children is carried out by two part-time audiometricians who visit the schools to test all the children in their first year (referred to in the statistics below as “Entrants”) and any others whose hearing may be in doubt as a result of information given by teachers, parents, health visitors or others or for whom a hearing test has been recommended by the school doctor or a hospital specialist (“Specials”). If a child does not give a clear response to the first test; if there is a reason to think a hearing loss may be only temporary (e.g. as a result of a cold) or if it is wished to keep a child’s hearing under review, the audiometrician may repeat a test at subsequent visits to a school (these tests are known as “Repeats”).

The object of the audiometric screening is to find children who have defective hearing which has not been discovered by other means. The children with severe hearing loss are probably already known before they reach school age and those found as the result of audiometry in school usually have often only a slight loss, sometimes with only one ear affected. In fact, of the children tested in the four years 1964 to 1967, only three were found whose hearing loss was severe enough to need hearing aids although at the end of 1967, there were 71 children in schools in the County using hearing aids. However, even a slight loss of hearing can be a disadvantage, not only in school but in future years and it is very important to detect hearing loss as early as possible so that it may be kept under observation and treatment carried out when indicated.

The level of hearing at which the test is set is such that a child who “fails” is only just beyond the borderline of normal hearing and a failure at this level is only an indication that further investigation is advisable. Between 1958 and 1970, the percentage of children failing the test was 12.6%. This percentage includes “Specials” and “Repeats” whose hearing is already suspect and a truer picture of the incidence of failures is given by the percentage of entrants who failed. This was 10%.

Because the level of failure is close to the borderline of normal hearing, a high proportion of the “failures” have only a slight defect and many after further investigation are found to need no further action—about 14 per cent of the entrants failing. Some are already under treatment and when this is so, a copy of the audiogram is sent to the specialist concerned. Some children are sent to their family doctors and some kept under observation by the school medical officer but when appropriate, some are given appointments with ear, nose and throat specialists. The percentage of entrants tested by the audiometrician who are sent to ear, nose and throat clinics has tended to fall, the greatest fall being over the first two years as will be seen from the table on page 13. This may be due to the increasing effectiveness of the hearing screening of babies by health visitors. Although this commenced at about the same time as audiometry for school children, it was some years before the first babies screened became of school age. These included most of the children with the more severe hearing losses and audiometry in school is left to discover the minor hearing defects, in those children who for one reason or another (e.g. removal from another area or from abroad) missed the earlier screening, or who developed a hearing defect later. Some of the children prove to have transient or intermittent deafness, perhaps associated with catarrh but it is important that teachers should know of this and allowance be made for it. For instance, as a result of audiometry, teachers were informed of an average of 63 children each year over a five year period who should be given a place near the teacher at school. Some children’s hearing loss proves to be due to wax in the ears and removal of this restores normal hearing.

Since 1964, a statistical record has been kept of what has happened to each year’s group of children tested who were referred to ear, nose and throat specialists. It is a long time before the full results of each year’s group

is known because some children are kept under observation and treatment at clinics (possibly for several years), some who are recommended for operations then have to await a hospital bed and afterwards time has to be allowed for the effect of the operation to be assessed. The results for the groups of children tested by audiometricians in the four years 1964 to 1967 are now reasonably complete. The results are given below. Of the entrants found by audiometry to have a hearing loss, a significant number (271 or 1.04%) were found to need operations for removal of tonsils and/or adenoids or other operations and had satisfactory hearing afterwards and in a further 226 or 0.87% the hearing defect cleared up after other treatment.

This service goes a long way to ensuring that no child shall suffer unnecessarily in his development or in his school and later career from defective hearing and this together with the hearing therapists and the peripatetic teachers of the partially hearing provides an important service for children with hearing loss.

RESULTS OF AUDIOMETRY SINCE THE SCHEME BEGAN IN 1958

		1958	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968	1969	1970
1. Nos. of children tested	A TOTAL	4,735	5,626	5,140	4,105	5,939	4,788	5,531	5,246	8,756	6,429	9,366	11,005	11,175
	B ENTRANTS	4,232	4,068	3,937	3,339	4,753	4,131	4,858	4,334	6,973	5,079	7,876	8,973	9,250
2. Children included in (1) who failed the test	TOTAL ENTRANTS	628	950	608	473	756	615	962	716	1,441	835	898	919	1,265
	% of A	341	500	299	248	436	403	755	562	1,065	609	643	556	721
	% of B	13.2	16.9	11.8	11.5	12.7	12.8	17.4	13.6	16.5	12.9	9.5	8.3	11.3
3. Children included in (1) who were referred to E.N.T. Clinic	TOTAL ENTRANTS	392	435	167	124	160	158	223	195	217	130	73	103	79
	% of A	192	227	88	71	89	106	164	110	118	92	63	63	47
	% of B	8.3	7.7	3.2	3.0	2.7	3.3	4.0	3.71	2.47	2.02	0.78	0.93	0.70
4. Tonsils or adenoids removed or other operation and hearing satisfactory	TOTAL ENTRANTS	Complete figures not available						89	58	73	51	18	8	4
	% of A							70	44	59	40	12	4	3
	% of B							1.60	1.10	0.83	0.79	0.19	0.07	0.035
5. Other treatment received and hearing satisfactory	TOTAL ENTRANTS	Complete figures not available						66	58	66	36	14	12	9
	% of A							43	44	49	28	11	3	5
	% of B							1.19	1.10	0.75	0.56	0.14	0.10	0.080
								0.88	1.01	0.70	0.55	0.14	0.03	0.054

Results of attendance at E.N.T. Clinics of children who were referred there as a result of audiometry at school carried out in the four years from 1964—1967

									Entrants	Percentage of entrants tested	All Groups	Percentage of all groups tested
Number tested	...	...	...	...	...	...	...	...	21,244	—	25,962	—
Number failed test	...	...	...	...	...	...	...	...	2,991	14.0	3,954	15.23
Attended E.N.T. Clinic	...	...	...	...	...	...	...	...	589	2.77	765	2.94
Tonsils and adenoids removed or other operation performed and hearing then satisfactory	...	...	...	...	...	...	...	...	213	1.00	271	1.04
Had treatment other than operation and hearing then satisfactory	...	...	...	...	...	...	...	...	85	0.40	131	0.50
Loss of hearing due to wax ; wax removed and hearing satisfactory	...	...	...	...	...	...	...	...	40	0.18	46	0.18
Discharged, after period of clinic attendance, hearing satisfactory	...	...	...	...	...	...	...	...	38	0.17	49	0.18
Discharged from clinic after one or more visits and no treatment.	...	...	...	...	...	...	...	...
Hearing found to be within normal limits	...	...	...	...	...	...	...	...	147	0.69	179	0.68
Still under observation at clinic on 31.12.70	...	...	...	...	...	...	...	...	6	0.02	11	0.04
Left Wiltshire before investigated fully	...	...	...	...	...	...	...	...	56	0.26	70	0.27
Provided with hearing aid	...	...	...	...	...	...	...	...	1	0.004	3	0.01
Treatment refused by parent	...	...	...	...	...	...	...	...	3	0.01	5	0.02

HEARING THERAPISTS

The hearing therapists, who are qualified teachers of the deaf, follow up children of all ages who have a hearing loss. Although they work primarily with pre-school children they devote part of their time to school children and give advice to parents and teachers. They supervise the use of hearing aids and visit homes while children are on holiday from special schools. There is a free exchange of information between hospital specialists, the hearing therapists, the audiometricians and the peripatetic teachers of the deaf on the staff of the Education Department.

Visits to Schools				Visits to Homes			
No. of schools visited	No. of visits to schools	No. of children visited at schools	No. of visits to children at schools	No. of children visited	No. of visits		
149 (117)	224 (148)	252 (159)	421 (200)	70 (59)	104	(97)	

The figures in brackets relate to 1969

HEARING AIDS

Children provided with commercial aids ... 1 (6)
Number of children using hearing aids in ordinary schools 87 (70)

ROUTINE SIGHT TESTING

	Age Groups					
	8			12		
	Tested by Snellen charts		Tested by Keystone vision screener	Tested by Snellen charts		
Number of children tested	4,572		844	3,813		
Found to have normal vision	4,242 (92.8%)		704 (83.5%)	3,214 (84.3%)		
Found to have slight visual defect and noted for further observation by medical officer at next school visit or already under observation	170 (3.7%)		50 (5.9%)	483 (12.4%)		
Referred to eye clinic	160 (3.5%)		90 (10.6%)	116 (3.3%)		

The following tables show the result of reference to eye clinics as a result of testing :—

(a) By the Keystone vision screener :

	1967	1968	1969	1970
Glasses prescribed	27	10	18	3
Kept under observation at the Eye Clinic	36	6	53	22
Referred to hospital	2	—	7	1
Diagnosed as condition other than defective vision	—	1	—	—
Discharged, no treatment needed ...	28	—	30	16
Parents sought treatment elsewhere ...	13	3	11	3
Failed to keep appointments	5	—	13	6
Left Wiltshire	20	3	6	3
Awaiting appointments on 31.12.70 ...	—	—	—	36
	131	23	138	90

(b) By use of Snellen charts

	Aged 8			Aged 12				
	<i>Tested in</i> 1968	<i>Tested in</i> 1969	<i>Tested in</i> 1970	<i>Tested in</i> 1966	<i>Tested in</i> 1967	<i>Tested in</i> 1968	<i>Tested in</i> 1969	<i>Tested in</i> 1970
Glasses prescribed	45	36	42	32	50	47	42	8
Kept under observation at the eye clinic	18	43	36	39	12	26	42	5
Referred to hospital	3	3	1	3	—	2	—	—
Diagnosed as condition other than defective vision	2	—	—	—	—	—	—	—
Discharged from clinic—no treatment necessary	7	9	5	13	6	11	12	1
Parents sought treatment elsewhere ...	12	20	13	6	14	13	12	5
Failed to keep appointments	6	21	18	—	2	18	10	4
Left Wiltshire	12	5	9	7	13	4	6	2
Awaiting appointments on 31.12.70 ...	—	—	36	—	—	—	—	91
Left school (previously under observation)	—	—	—	8	8	1	—	—
	105	137	160	114	103	122	124	116

SPEECH THERAPY

The following table shows the work done at the various centres during the year.

Number of children attended	770	(633)
Number of attendances	7,907	(7,091)
Awaiting appointments at 31.12.70 ...	213	(163)

Conditions for which treatment was given

Dyslalia	430	(410)
Stammer	72	(74)
Dyslalia and Stammer	30	(21)
Alalia	10	(3)
Spastic	3	(6)
Cleft palate	7	(14)
Partially hearing	5	(10)
Retarded speech and language development	111	(—)
Others	67	(82)
No defects	35	(13)

The figures in brackets relate to 1969.

REMEDIAL EXERCISES

(a) Number of schools visited including those where P.E. Teachers conducted classes ...	206	(225)
(b) Number of children treated	1,429	(1,648)
(c) Number of children discharged during the year included under (b)	639	(761)

Conditions for which treatment given

Valgus ankles and flat feet	1,017	(1,178)
Persistent femoral antiversion	62	(87)
Knock knee	195	(226)
Curling and overlapping toes	75	(134)
Hallux valgus	19	(36)
Faulty posture (i.e. Juvenile Kyphosis, Scoliosis and Lordosis)	494	(472)
Faulty Thorax development (and Asthma)	202	(195)
Pes Cavus	—	(3)

The figures in brackets relate to 1969.

CHIROPODY

Arrangements have been made for chiropodists in private practice in Salisbury, Trowbridge, Malmesbury, Corsham and Chippenham to treat school children who have been found by school medical officers to need chiropody treatment. In 1970 the children treated in this way were as follows :—

Verruca	46	(55)
Corns	6	(13)
Callosities	6	(3)
Ingrowing toenails	2	(9)
Total	60	(80)

The figures in brackets relate to 1969.

SPECIALIST CLINICS HELD BY ARRANGEMENT WITH REGIONAL HOSPITAL BOARDS

HEART CLINICS

The table below shows the work carried out during the year. Children who cannot conveniently attend the centres shown in the table and who need investigation for possible heart conditions are referred to the nearest paediatric out-patients department of a hospital.

The number of patients attending the Corsham clinic had been falling and no longer justified continuing separate sessions there after June 1970. Corsham children now attend Dr. Cosh's out-patient clinic at Chippenham and District Hospital.

Consultant	Trowbridge Dr. J. A. Cosh		Corsham Dr. J. A. Cosh		Salisbury Dr. R. G. M. Longridge		Total	
New Patients	3	(1)	1	(6)	5	(12)	10	(9)
Old patients	21	(14)	3	(19)	16	(9)	40	(42)
Total attendances	24	(15)	4	(25)	22	(21)	50	(61)

The figures in brackets relate to 1969.

EAR, NOSE AND THROAT CLINICS

The following table shows the number of school children known to have attended and to have received treatment at ear, nose and throat clinics during the year.

Attendances	...	...	...	...	...	...	...	1,627	(1,590)
Children examined	...	...	...	...	...	...	...	1,292	(1,195)
Children treated for nose and throat conditions :—									
Tonsils and/or adenoid operations	...	...	...	...	...	...	...	266	(234)
Other operations	...	...	...	...	...	...	...	25	(15)
Otherwise than by operation	...	...	...	...	...	...	...	24	(32)
Children treated for ear conditions :—									
Mastoid operations	...	...	...	...	...	...	...	5	(4)
Other ear operations	...	...	...	...	...	...	...	70	(59)
Otherwise than by operation	...	...	...	...	...	...	...	26	(31)

The figures in brackets relate to 1969.

EYE CLINICS

Details of attendances at eye clinics during the year were as follows :—

										<i>School Children</i>		<i>Pre-School Children</i>	
Number of children seen :													
New patients	...	...	...	...	...	...	...	...	...	987	(975)	129	(104)
Old patients	...	...	...	...	...	...	...	...	...	2,232	(2,266)	155	(131)
Total	...	...	...	...	...	...	...	...	...	3,219	(3,241)	284	(235)
Attendances	...	...	...	...	...	...	...	...	...	3,838	(4,074)	352	(370)
Children with eye conditions other than errors of refraction and squint										4	(—)	1	(2)
Children with errors of refraction and squint					...	...	...	...	...	3,093	(3,114)	261	(223)
Children for whom glasses were prescribed					...	...	...	...	...	1,140	(1,388)	23	(32)

The figures in brackets relate to 1969.

ORTHOPAEDIC TREATMENT

Number of children seen at orthopaedic clinics :—

New patients	...	...	...	...	104	(211)
Old patients	...	...	...	...	824	(784)
Total	...	...	...	...	928	(995)
Attendances	...	...	...	...	1,641	(2,052)
Treated as in-patients at Bath and Wessex Orthopaedic Hospital						
	...	...	...	...	183	(193)

The figures in brackets relate to 1969.

OTHER SPECIALIST CONSULTATION AND TREATMENT

During 1970 appointments were made for 227 children as under.

Paediatric	...	...	72	(61)
Skin	...	...	19	(19)
Surgical	...	...	129	(110)
Plastic	...	...	4	(3)
Gynaecological	...	...	1	(1)
Chest	...	...	1	(2)
Neurological	...	...	1	(1)
Total	...	...	227	(198)

The figures in brackets relate to 1969.

Many specialists send to the Principal School Medical Officer copies of reports concerning children who have been referred to hospitals otherwise than through the school health service. The number of such reports received in 1970 was 3,156. The information which these reports provide is of considerable value, particularly as a means of co-ordinating the work of the Health Department with the hospital and general practitioner services. They enable advice to be given to head teachers about appropriate care in school which individual children may need on health grounds, they are one of the sources of information of possible handicapped children and they enable children where appropriate to be given the benefit of services available through the Health Department.

Child Guidance

The Child Guidance team during 1970 consisted of:—

- Dr. R. F. Barbour, Psychiatrist.
- Dr. T. A. A. Hunter, Psychiatrist.
- Dr. J. E. Oliver, Psychiatrist (Oxford Regional Hospital Board).
- Dr. K. C. P. Smith, Psychiatrist.
- Mr. R. A. Dare, Educational Psychologist.
- Mr. J. R. Green, Educational Psychologist.
- Mr. C. S. Rushton, Educational Psychologist.
- Mr. R. Hamilton, Educational Psychologist.
- Mrs. D. J. Runswick, Psychiatric Social Worker.
- Miss J. Pick, Psychiatric Social Worker.
- Mr. C. J. Humphreys, Child Guidance Social Worker. (Resigned 8.9.70).
- Miss H. Reynolds, Trainee Psychiatric Social Worker. (Resigned 30.6.70).
- Mrs. J. Benefield, Trainee Psychiatric Social Worker (Commenced 30.11.70).
- Mrs. M. Coulter. Part-time Child Guidance Social Worker. (Commenced 10.6.70).
- Miss J. Riddle, Secretary.
- Miss I. Winfield, Secretary.

Centres

The child guidance sessions have been held in the following centres :—

The Health Centre, The Drove, Amesbury (Opened 20.10.70)	...	Morning of 1st and 3rd Tuesdays.
The County Health Clinic, Trowbridge ... ..	...	Mondays all day and Wednesday mornings.
The Central Clinic, Islington Street, Swindon ... ..	...	Thursdays all day.
The Clinic, Priory Road, Swindon ... ..	...	Friday mornings and 2nd and 4th Wednesdays all day.
The Central Health Clinic, Castle Street, Salisbury ... ..	...	Monday morning and 5th Tuesday mornings.
The County Council Clinic, Kingsbury Street, Marlborough	...	Afternoon of 2nd and 4th Tuesdays in each month.
The County Health Clinic, Goldney Avenue, Chippenham ... ..	...	Tuesday mornings.
The Families Medical Centre, Military Hospital, Delhi Barracks, Tidworth	...	Afternoon of 1st and 3rd Fridays in each month.
The County Council Clinic, New Park Street, Devizes ... ..	...	Morning of 2nd and 4th Tuesdays in each month.
The Starfield Reception Centre, Holt ... ..	...	1st, 3rd 4th and 5th Thursdays in each month all day.

Case Load

In 1970, 378 children referred to the child guidance centres were seen by the psychiatrists and educational psychologists at the respective centres. When possible the homes were previously visited by the social workers.

	1963	1964	1965	1966	1967	1968	1969	*1970
Number of initial interviews with children and parents	321	313	340	338	363	334	367	378
Number of children seen as a consultation only	24	22	26	5	9	11	1	—
Number of children seen by psychiatrists	609	613	642	746	760	717	761	735
Number of children discharged by psychiatrists	210	170	156	214	191	218	271	209
Total number of therapeutic interviews with children and parents by psychiatrists	1,405	1,599	1,348	1,528	1,727	1,717	1,878	1,969
Number of visits by social workers	1,206	732	986	625	836	781	1,064	945

Number of children awaiting appointments at the end of 1970 : 52.
Waiting time for first appointment at the end of 1970 : 7 weeks.

* The figures given in this and subsequent tables for 1970 do not include children living in the Borough of Swindon although the figures for 1969 and previously do. This is because the clinics in the Borough are now organised by the Principal Borough School Medical Officer. Information of the Swindon child guidance centres is given in the part of the report relating to the Excepted District of Swindon.

The distribution of the new cases between the various centres was as follows :—

	1963	1964	1965	1966	1967	1968	1969	1970
Trowbridge	52	60	57	65	78	59	81	80
Salisbury	70	71	88	91	67	66	67	59
Swindon	124	110	118	105	130	120	86	80
Corsham	66	37	26	19	13	7	32	57
Marlborough	9	8	12	15	19	17	18	8
Chippenham	—	27	39	33	35	30	41	41
Tidworth	—	—	—	10	21	22	20	27
Devizes	—	—	—	—	—	13	22	21
Amesbury	—	—	—	—	—	—	—	5

New Cases

The 378 children were referred in the first instance by :—

	1965	1966	1967	1968	1969	1970
School medical officers	58	51	63	56	59	46
Chief Education Officer	20	10	16	8	21	14
Children's Officer	14	22	9	12	9	65
Head teachers	27	41	69	48	94	96
Parents	36	41	48	49	45	46
General medical practitioners	83	83	70	75	80	97
Probation officers	15	6	7	10	13	6
Medical specialists	11	11	5	15	1	5
Juvenile court	5	4	9	4	5	3
Swindon Borough School Medical Officer	71	69	76	57	40	—
(including other sources of reference in Swindon as listed above)						

Children's Problems

The problems for which the 378 children were referred are summarised under the classifications given below. Some children suffered from problems coming under more than one heading and are recorded under both.

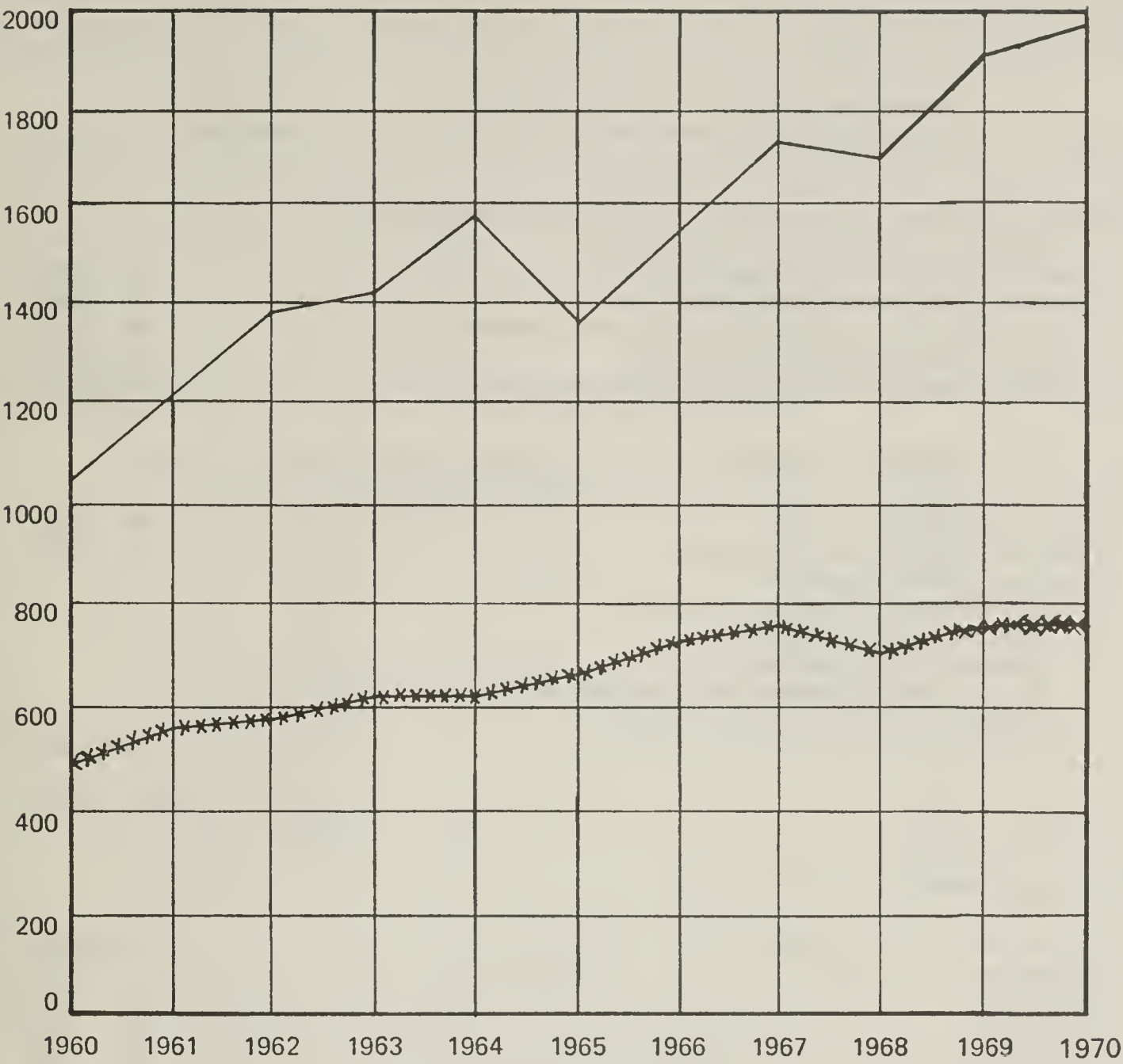
Nervous disorders	43
Habit disorders and physical symptoms	87
Behaviour disorders	187
Educational and vocational difficulties	31
Special examination	14

Analysis of Closed Cases

					Improved		Unchanged				Total	
							Treatment unsuccessful		Other reasons			
Ascertained as E.S.N.	...	...	...	...	2	(—)	1	(—)	2	(4)	5	(4)
Treatment completed	...	...	...	...	58	(154)	53	(—)	2	(—)	113	(154)
Recommended special education	...	...	...	...	—	(—)	—	(—)	1	(—)	1	(—)
Left school, removed from district, and/or referred to other agencies	...	...	...	...	13	(28)	5	(10)	24	(30)	42	(68)
Closed at parent's request	...	...	...	...	17	(19)	10	(—)	4	(3)	31	(22)
Non-co-operation of parents	...	...	...	...	7	(10)	4	(—)	6	(13)	17	(23)
TOTALS	...	...	...	...	97	(211)	73	(10)	39	(50)	209	(271)

The figures in brackets relate to 1969

ATTENDANCES AT CHILD GUIDANCE CLINICS



xxxxxxxxxx Number children attending child guidance clinics

———— Number attendances at child guidance clinics

TREATMENT OF NOCTURNAL ENURESIS

Clinics for the treatment of nocturnal enuresis by the bell apparatus continued. The total number of children treated and the percentage who were dry after the first course of treatment in the past ten years, are as follows :—

Number completed first course of treatment	...	...	...	...	489	(402)
Percentage dry after first course	...	...	...	...	66.6	(60.1)

The following table shows the number of children treated during 1970 :—

Under treatment at the beginning of 1970	...	...	...	...	...	45	(42)
Commenced treatment during year	...	...	...	...	...	130	(145)
Removed from the County before treatment completed	...	...	...	...	...	10	(4)
Under treatment at the end of the year	...	...	...	...	...	59	(54)
Completed first course of treatment during the year	...	...	...	...	...	125	(106)

The results of the treatment of the children who completed the first course were as follows :—

Treatment successful	...	...	...	...	...	...	...	95	(73)
Improved but not completely cured	...	...	...	...	...	...	...	10	(15)
Treatment not successful :—									
Parents and children unco-operative	...	...	...	...	...	...	...	7	
Referred to child guidance	...	...	...	...	...	...	...	2	
Child afraid of apparatus	...	...	...	...	...	...	...	2	
Referred back to paediatrician who referred them	...	...	...	...	...	...	...	2	
Referred to family doctor for treatment	...	...	...	...	...	...	...	7	
								20	(18)
								125	(106)

Awaiting appointments on 31st December :

Chippenham	...	...	...	...	...	...	...	...	48	(38)
Melksham	...	...	...	...	...	...	...	...	4	(2)
Salisbury	...	...	...	...	...	...	...	...	32	(25)
Trowbridge	...	...	...	...	...	...	...	...	12	(7)
Warminster	...	...	...	...	...	...	...	...	14	(4)
Tidworth	...	...	...	...	...	...	...	...	17	(8)
									127	(84)

Further treatment or other appropriate action is considered for each child who is not dry after a course of treatment. Six months after treatment has been completed enquiries are made about all children who have become dry, and any who have relapsed are given further appointments. Five were found in 1970 to have relapsed and the results of their further appointments were as follows :—

Dry after further course of treatment	...	...	...	2	(11)
Referred to child guidance	...	...	...	—	(—)
Referred to family doctor for treatment	...	...	...	—	(—)
Under treatment at the end of the year	...	...	...	2	(6)
To have a further course of treatment in 1971	...	...	...	1	(—)
Parents refused further treatment	...	...	...	—	(1)
				5	(18)

Figures in brackets relate to 1969

Handicapped Children

The table on page 23 and the diagrams on pages 24 and 25 show the numbers of handicapped children who have been found to need special educational treatment during 1970 and during the past ten years.

Routine screening of children for possible educational subnormality is carried out at the age of seven. All children of that age are given the appropriate Moray House Picture Test by their head teachers who mark the results and send the marked test papers to County Hall where the results are reviewed by the educational psychologists who investigate all those who according to the picture test have an I.Q. of 80 and below. A number of children with an I.Q. of 80 or less are found to have satisfactory attainments* and further tests are not given to these for the time being but the children kept under observation. Other children are, however, given further intelligence tests by the psychologists and where necessary children are further examined by medical officers for possible educational subnormality.

The following tables show the results of the screening tests administered in the Autumn of 1969 and followed up in 1970. Comparable figures for the previous year are given in brackets.

No. given Moray House picture test	...	6,227	(6,136)
No. with I.Q. 75 and below on this test	...	361	(259)
No. with I.Q. 76—80 on this test	...	288	(273)
Total I.Q. 80 and below		649	(532)

FOLLOW-UP OF MORAY HOUSE PICTURE TESTS

A. Tested by Psychologists and results

B. Not tested by Psychologists

	Moray House 75 and below	Moray House 76—80	Total		Moray House 75 and below	Moray House 76—80	Total
I.Q. 50 and below	— (—)	— (—)	— (—)	Referred to child guidance			
51—60 ...	2 (1)	— (1)	2 (2)	centre	3 (—)	— (—)	3 (—)
61—70 ...	18 (20)	— (—)	18 (20)	Left district before could be			
71—80 ...	68 (38)	1 (—)	69 (38)	seen by psychologist ...	1 (3)	— (—)	1 (3)
81—90 ...	45 (50)	2 (—)	47 (50)	Awaiting testing by psychol-			
91—100 ...	13 (11)	1 (—)	14 (11)	ogist on 31.12.70	59 50)	10 —)	69 (50)
100 and over	1 (2)	1 (—)	2 (2)				
Total A	147 (122)	5 (1)	152 (123)	Total B ...	63 (53)	10 (—)	73 (53)
Total of A and B				225 (176)			
*Satisfactory attainments and to be kept ...							
under observation				424 (356)			
				649 (532)			

Following the psychologists' investigations 22 of the children were further examined by medical officers for possible educational subnormality and the results are given below: —

Recommended for special school for E.S.N.	...	...	9	(6)
" " Special class " "	...	...	12	(6)
" " special educational treatment in an ordinary school	...	...	—	(—)
" no further action at present	...	...	1	(—)
Total	...	...	22	(12)

The results of the psychologists' and the medical officers' investigations, whether any action was considered necessary at present, or not, have been noted and will be followed-up at school medical examinations or by the psychologists.

A register is kept of children attending ordinary schools who have handicapping conditions. At the end of 1970, the numbers of such children were as follows :—

Defects of vision	...	...	...	...	...	12
Defects of hearing	...	...	...	...	...	26
Epilepsy	...	...	...	...	...	72
Heart defects and associated conditions						
(Haemophilia etc.)	...	...	...	...	...	62
Diabetes	...	...	...	...	...	27
Other physical handicaps	...	...	...	...	...	69

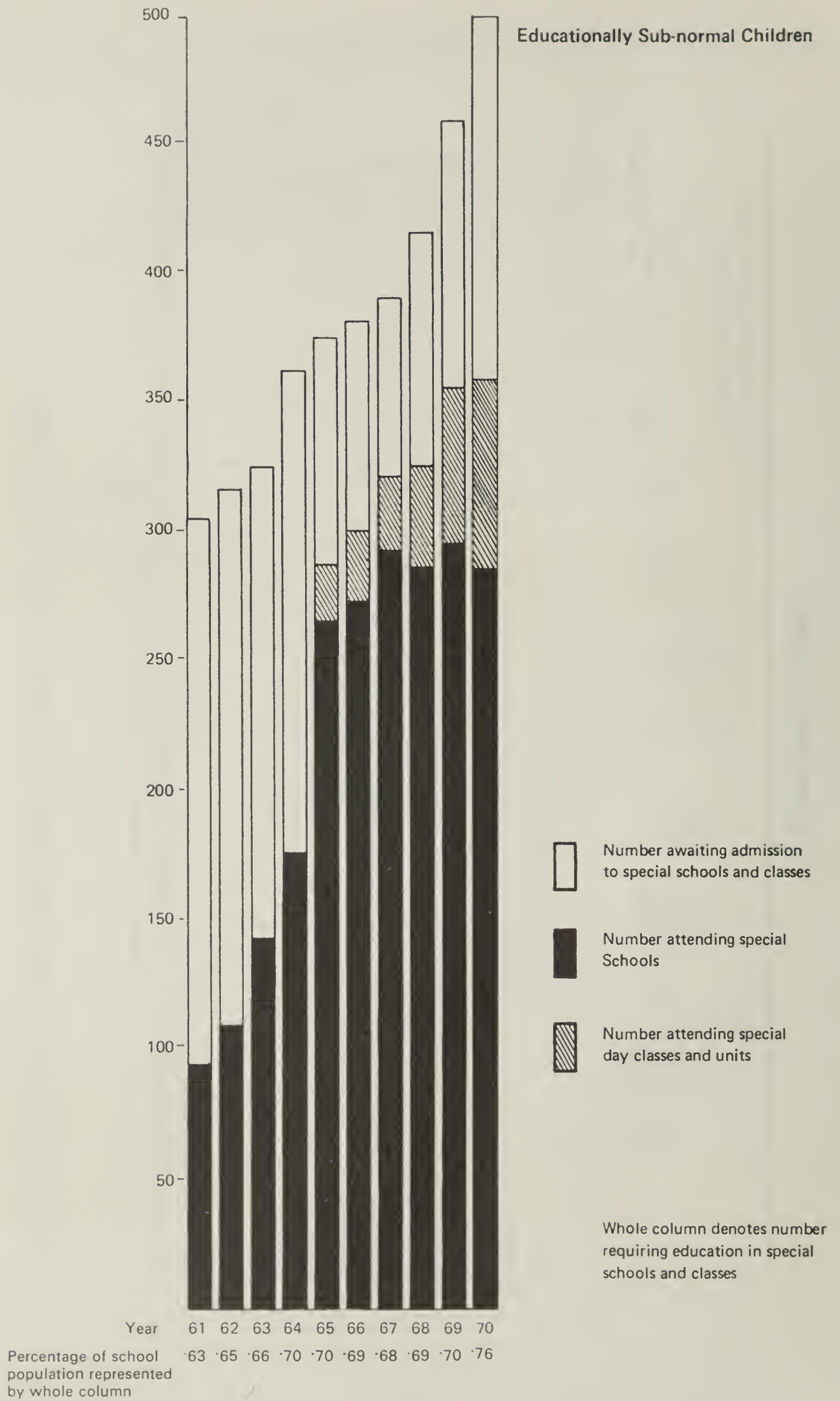
HANDICAPPED CHILDREN

Category	Ascertained during 1970										Type of education, if any, while awaiting admission to special school									
	Recommended																			
	Admission to special school		Special Education in ordinary school		Home tuition						Admitted to special schools during 1970				No. in special units or classes on 31.12.70		No. awaiting admission to special schools on 31.12.70		No. in col. 7 whose parents refused consent	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Blind ...	1	1	—	—	—	—	2	—	1	2	—	—	—	—	—	—	2	—	—	—
Partially sighted ...	—	3	—	—	—	—	—	—	1	2	—	—	—	—	—	—	—	3	—	—
Deaf ...	—	—	—	—	—	—	7	10	—	—	—	—	—	—	—	—	—	—	—	—
Partially Hearing ...	2	1	—	—	—	—	10	10	3	10	4	1	—	—	—	—	—	1	—	—
Educationally sub-normal	37	24	6	5	—	—	175	108	24	17	53	25	48*	38*	3	9	48	38	—	—
Epileptic ...	—	—	—	—	—	—	2	1	—	—	—	—	—	—	—	—	—	—	—	—
Maladjusted	31	11	—	—	—	—	57	23	14	9	—	—	36	3	—	—	36	3	—	—
Physically handicapped	4	3	—	—	—	—	19	21	3	2	12	18	—	2	—	1	—	1	1	—
Delicate ...	6	—	—	—	—	—	12	8	5	—	—	—	2	1	1	1	3	2	—	—
Speech ...	1	—	—	—	—	—	1	1	1	—	—	—	1	—	—	—	1	—	—	—
	82	43	6	5	—	—	287	186	51	29	69	44	89	49	4	12	90	48	1	—

Found to be unsuitable for education in school during 1970 : 17 boys
10 girls

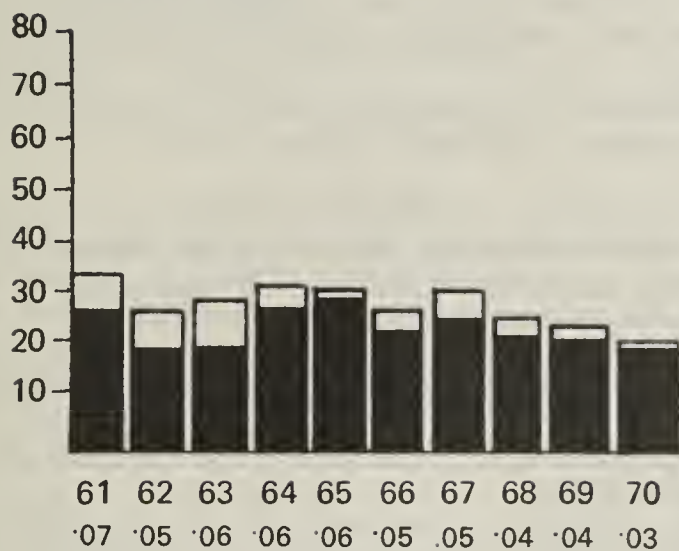
Total 27

* In addition there were 34 boys and 20 girls awaiting admission to special classes for educationally sub-normal children.



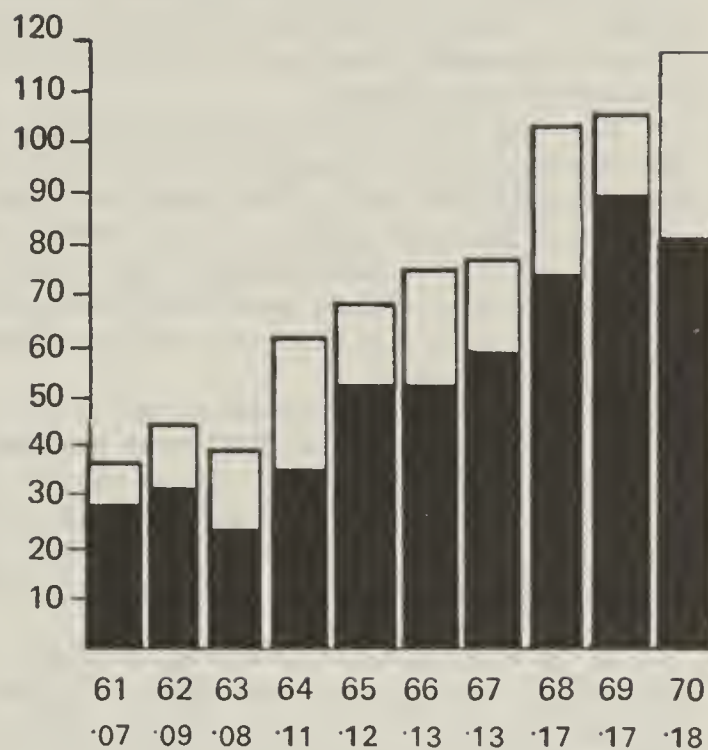
Annual Report on the Status of the Nation's Children

Delicate Children

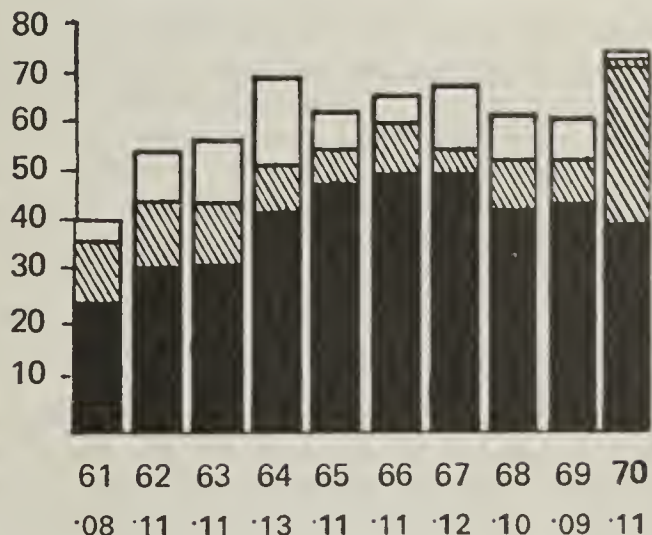


Percentage of school population represented by whole column

Maladjusted Children

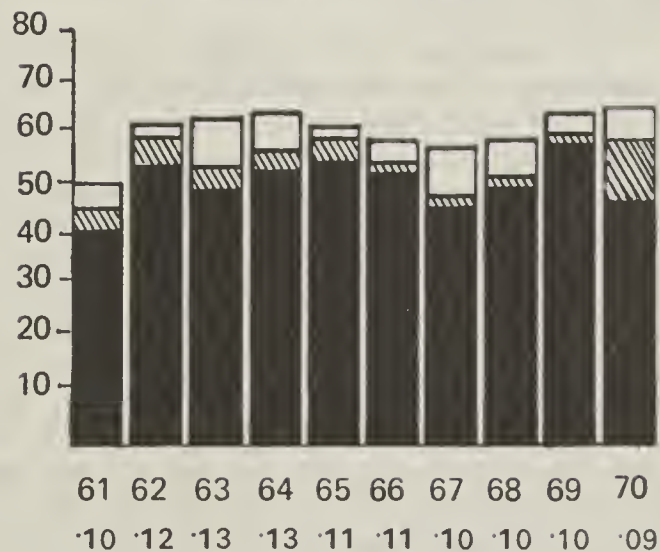


Physically Handicapped Children



Percentage of school population represented by whole column

Other Handicapped Children



Dental Examination and Treatment

REPORT OF THE PRINCIPAL SCHOOL DENTAL OFFICER, 1970

It is reasonable to say that dentistry is hardly ever involved in the dramatic struggle of life over death. Nevertheless, I think it is fair to say that no other branch of medicine in this country has the same opportunity to influence the quality of life for so many people as has dentistry. Of all sections of dentistry the school dental officer, with the inspiring responsibility of seeing that all children take into adult life the appreciation of the benefit of good dental health, has possibly the greatest opportunity to influence that quality of life. However, the training of children to readily accept and retain the benefit of good dental health is very time consuming and non-productive as far as statistical returns are concerned, and this fact should be borne in mind when reading the analyses of the year's return of work.

Two new twin dental surgery suites have been opened during the year. Both these suites form part of new Health Centres at Amesbury and Calne. The Amesbury dental clinic, opened in June, is our first purpose built clinic in this area. Previously, treatment for this part of the county was carried out in a mobile dental clinic, and this vehicle has now been released for the more rural areas. The new Calne dental clinic, opened in October, replaces an unsatisfactory one surgery clinic.

The opening of these new dental suites has allowed us to bring our orthodontic service into these parts of the county for the first time ; prior to this children requiring orthodontic treatment had to travel to our Salisbury or Chippenham clinics.

The service had the benefit of an unchanged dental officer establishment during the year, and the opening of the new dental suite at Amesbury enabled an additional dental officer to be appointed, to work from this centre. Our establishment of dental officers, excluding the excepted district of Swindon, is now sixteen. There is still a national shortage of dentists, but the Education Committee's policy of providing good equipment and working conditions for the staff is reflected in the steady increase of officers in post over the recent years. This has occurred in spite of the intensive competition from other local authorities and other branches of dentistry for dental surgeons.

Mr. E. E. Roberts, orthodontist, took up his appointment in May, and for the first time since 1966 the northern area of the county had the benefit of a full-time orthodontist.

The problem of recruiting dental auxiliaries was mentioned in my report of last year, and I regret to say that only one part-time auxiliary was in post out of our establishment of four at the end of the year. However, at the time of writing this report, the situation has improved and another full-time auxiliary has joined the staff and two more have been appointed, subject to passing their final examinations in July, 1971.

The recruitment of dental surgery assistants throughout the county is fairly satisfactory and has not, as yet, given cause for anxiety. However I understand that in some parts of the country the recruitment of this type of auxiliary personnel is becoming extremely difficult.

A comparison of this year's return of work with that of 1960, reveals the growth of the service and the changing patterns of treatment. Ten years ago nineteen thousand of the forty-eight thousand children were examined and 72% were found to require treatment ; this year nearly forty-eight thousand of the sixty-seven thousand children were examined and 42% were found to require treatment. In 1960, for every permanent tooth extracted 4.5 permanent teeth were filled and in 1970, the ratio was 1 to 16.6. In the deciduous dentition the ratio was 1 to 0.4 and 1 to 2.1 respectively.

The increase in the number of teeth saved in relation to those extracted is a very welcome trend. The ratio in the permanent dentition is really better than shown as the teeth extracted for orthodontic reasons, i.e. teeth which would otherwise be saveable, are included. In 1970, of the 1,834 permanent teeth extracted 682 were extracted for orthodontic reasons ; this figure is not available for 1960, but would be very much less than this number.

The reduction of only 24% in the number of children found to require treatment over the decade is disappointing. The vast majority of children found to need treatment are suffering from the disease of dental caries and our failure to prevent this disease gives cause for anxiety. Our present methods of health education while encouraging more and more children to seek regular examination and conservative treatment of the effects of the disease, are doing very little to prevent the disease from occurring. All types of health education methods have been tried over the years to help to reduce the incidence of this disease, but with very little success, and one can hold out small hope of significantly reducing its occurrence without the help of water fluoridation.

Illness and the inevitable delay caused by a change over of staff have been responsible for a decrease in the amount of orthodontic work undertaken during the year. However, it should not be forgotten that the statistical returns only show cases where an appliance has been fitted and do not reveal the time spent by the orthodontist on cases that do not require appliance treatment.

To aid our health education programme and to combat the possible increase in the demand on existing school tuck shops and the opening of new ones, which it is feared that the increase in price of the school meal might bring about, a circular letter was sent out to all Head Teachers suggesting foodstuffs that are not harmful to the teeth, and it also gave the profit margins that could be expected from the sale of these items.

Apart from the appointment of Mr. E. E. Roberts, orthodontist, mentioned already, Mr. E. D. G. Medley, dental officer, was appointed to the Amesbury area, in December.

Finally, I should like to acknowledge the splendid help and support that the professional, administrative and clerical staff of the school dental service have given in dealing with the increased demands on the service, and I would also like to thank the Head Teachers and school secretaries for helping to make our visits to their schools both enjoyable and worthwhile.

Examinations :

(a) Number of children examined :—						
	At school	...	...	...	40,901	(40,125)
	At clinic	...	...	...	6,927	(5,802)
Total examined						
(b)	Number found to require treatment	...	...	...	47,828	(45,927)
(c)	Number offered treatment	...	...	...	23,154	(22,964)
(d)	Number of children re-examined at clinics or school	...	...	...	18,810	(19,331)
(e)	Number of (d) found to require treatment	...	...	...	2,513	(2,109)
		...	...	...	1,390	(1,122)

Sessions :

Sessions devoted to treatment	6,020	(6,295)
Sessions devoted to examination	...	...	...	...	...	510	(489)
Sessions devoted to Dental Health Education	...	...	...	...	...	87	(195)

Treatment				Ages 5 to 9		10 to 14		15 and over		Total	
Number of children treated	...	...	...	6,358	(6,664)	5,774	(5,659)	1,195	(954)	13,327	(13,277)
Total attendances for treatment	...	...	...	18,391	(19,983)	19,949	(21,009)	4,422	(3,861)	42,762	(44,852)
Fillings in permanent teeth	...	...	...	6,444	(6,841)	14,578	(13,936)	3,856	(2,889)	24,878	(23,666)
Permanent teeth filled	...	...	...	5,021	(5,296)	12,046	(11,484)	3,461	(2,513)	20,528	(19,293)
Fillings in deciduous teeth	...	...	...	11,699	(12,318)	1,143	(1,209)	—	(—)	12,842	(13,527)
Deciduous teeth filled	...	...	...	10,241	(11,173)	1,094	(859)	—	(—)	11,335	(12,032)
Permanent teeth extracted	...	...	...	245	(340)	1,241	(1,309)	348	(278)	1,834	(1,927)
Deciduous teeth extracted	...	...	...	4,080	(4,182)	1,219	(1,184)	—	(—)	5,299	(5,366)
General anaesthetics given	...	...	...	1,154	(917)	385	(419)	47	(44)	1,586	(1,380)
Number of children X-rayed	...	...	...							1,209	(862)
Prophylaxis (scaling, cleaning, gum treatment, etc.)	...	...	...							3,492	(3,668)
Teeth otherwise conserved	...	...	...							3,498	(2,198)
Number of teeth root filled	...	...	...							90	(60)
Inlays	...	...	...							6	(5)
Crowns	...	...	...							68	(68)
Dentures											
Children fitted with full upper or lower dentures											
			(first time)	—	(1)	—	(3)	1	(2)	1	(6)
Children supplied with other dentures (first time)				2	(3)	13	(25)	18	(15)	33	(43)
Number of dentures supplied				2	(4)	18	(29)	21	(20)	41	(53)
Orthodontics											
Cases remaining from previous year										812	(899)
New cases commenced during the year										190	(371)
Cases completed during the year										184	(316)
Cases discontinued during the year										104	(142)
Number of removable appliances fitted										466	(754)
Number of fixed appliances fitted										68	(22)
Children referred to hospital consultant										—	(—)

The figures in brackets relate to 1969.

Health Education

Work of health education in schools, colleges, youth clubs and for parents continues. Medical officers, health visitors, dental officers and dental auxiliaries all take part in the work, using audio-visual aids where they are appropriate. In dealing with personal relationships use continues to be made of teams each consisting of a medical officer and health visitor. Most secondary schools now undertake health education programmes drawn up for each school by consultation between the health visitor and teacher. Each syllabus has included talks and discussion on a wide range of important subjects such as family relationships, smoking (including a showing of the film "Smoking and You"), alcohol, drug addiction, preparation for work and marriage, family planning and venereal disease, and health visitors have taken a prominent part in these talks, held over three terms.

Progress in health education in primary schools remains slow, with a total of 375 health talks given by health visitors in 110 schools. However, although fewer in number, these talks are now integrated in school programmes, and are more beneficial. These programmes include talks on human biology, personal hygiene and growing up, given in a monthly or weekly series during one term.

It should be remembered, of course, that every time a doctor, dental officer, health visitor or dental auxiliary sees a child or parent is an opportunity for informal health education although never appearing in statistics, and this is an important aspect of all medical and dental examinations of school children. The following gives an indication of the amount of formal health education work undertaken during the year :—

Parentcraft talks in schools	...	...	...	...	...	...	...	...	748
Community Health and Personal Relationship Talks					...	...	...	...	648
Health talks in schools	...	...	...	...	...	...	...	...	457
Child Care and Community Health talks to Training and Further Education Colleges									225
Discussion groups and films to mothers' clubs and parent groups					...	...	...	...	137
Health talks to youth clubs and factories			...	...	...	...	...	...	57
Dental Health Education half-day sessions by dental officers and dental auxiliaries									87
Number of secondary schools at which courses in junior first aid were held								...	12

Prevention and Control of Disease in Schools

SCHOOL PREMISES

The inspection of school premises by school medical officers and the County Public Health Inspector was continued throughout the year and defects were referred to the Chief Education Officer. The observations of the Health Department were given on the plans for new premises and alterations to existing premises.

SWIMMING POOLS

At the end of the year there were 42 open air pools and 2 enclosed pools at schools, in addition 2 private pools were used by school children. These were all visited by the County Public Health Inspector to ensure that a satisfactory standard of hygiene was being maintained and to advise the staff on swimming pool management.

SCHOOL MEALS HYGIENE

The inspection of school meals premises was continued during the year in an endeavour to ensure that the premises and methods conformed with the standard required by the Food Hygiene Regulations. Defects and deficiencies found were reported to the Chief Education Officer.

The Chief Education Officer has kindly provided the following details concerning school meals :—

Number of children supplied with meals	...	...	...	...	41,742
Number of children supplied with free meals	...	...	...	...	3,477
Percentage of school population supplied with meals	...	...	...	...	68.6

Following a survey of all the central kitchens which was carried out by the County Public Health Inspector a report was submitted to the Chief Education Officer. Subsequently the Education Committee agreed a programme of closure for these kitchens.

During the year the second school meals service training centre was opened, the Deputy Principal School Medical Officer and the County Public Health Inspector gave lectures and took part in discussions which were attended by employees of the School Meals Service.

SCHOOL MILK

School milk suppliers are supervised by the County Public Health Inspector, including sources of supply, sampling, and investigation of complaints. Pasteurised milk only is used.

The Chief Education Officer states that 33,363 primary school children outside the Excepted District of Swindon were supplied with milk on an average day in October. This was 85.8 per cent of the children who were entitled to take milk.

All supplies were sampled each term ; an informal sample was also taken on behalf of the Chief Inspector of Weights and Measures.

PROTECTION OF CHILDREN AGAINST TUBERCULOSIS AND RUBELLA

B.C.G. Immunisation

The number of school children who received B.C.G. immunisation against tuberculosis was 2,778. Further details under this heading are given in my report as Medical Officer of Health.

Immunisation against Rubella

Immunisation against Rubella was commenced in September, 1970, for girls between their 11th and 14th birthdays and 2,243 girls were immunised during the year. Further details are given in my report as Medical Officer of Health.

INFECTIOUS DISEASE

Head teachers are asked to inform the Principal School Medical Officer when children have, or are suspected of having infectious illness or are contacts. This information is followed up where necessary in conjunction with the appropriate district medical officer of health. The school health visitor also gives any necessary advice. The County Public Health Inspector takes part in such investigations, especially outbreaks of dysentery and of vomiting and diarrhoea, and he also gives advice on the extra cleaning and hygiene precautions to be taken during such outbreaks.

Excepted District of Swindon

MEDICAL EXAMINATIONS AND TREATMENT

Return for the year ended the 31st December, 1970

The following information relates to the Excepted District of Swindon but the Principal Borough School Medical Officer also compiles a report which gives further details.

Number of pupils on registers of maintained primary and secondary schools (including special schools) in January 1971—21,260.

Medical Examination of Pupils attending Maintained and Assisted Primary and Secondary Schools (including Special Schools)

PERIODIC MEDICAL EXAMINATIONS

Age Groups Inspected (by year of birth)	Number of Pupils examined	Pupils examined whose condition was satisfactory	Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
			For defective vision (excluding squint)	For any other condition recorded	Total Individual Pupils
1966 and later	—	—	—	—	—
1965	1,101	1,101	7	87	87
1964	1,250	1,250	15	90	106
1963	86	86	3	5	7
1962	6	6	—	—	—
1961	1	1	—	—	—
1960	1,025	1,025	24	52	73
1959	1,019	1,019	28	25	51
1958	234	234	8	8	17
1957	4	4	—	—	—
1956	92	92	3	—	2
1955 and earlier	352	352	10	5	15
TOTAL	5,170	5,170	98	272	358
1969	4,544	4,544	182	153	313

Defects found by Medical Examinations during the Year—Periodic Examinations

All defects, including defects of pupils at Special Schools, noted at periodic medical examinations are included in this Table, whether or not they were under treatment or observation at the time of the examination.

T=Defect considered to require treatment.
O=Defect considered to require observation.

Defect or Disease								Periodic Inspection			Total
								Entrants	Leavers	Others	
Skin							T	2	—	5	7
								107	26	187	320
Eyes (a) Vision							T	25	13	60	98
								366	88	264	718
							T	8	—	3	11
								37	—	15	52
							T	—	—	—	—
								12	9	14	35

SWINDON

Defect or Disease							Periodic Inspection			Total
							Entrants	Leavers	Others	
Ears :- (a) Hearing T							3	—	3	6
							66	—	64	130
							1	3	3	7
							68	4	54	126
							—	—	—	—
(b) Otitis Media T							13	—	6	19
							O	—	—	—
Nose and Throat T							3	1	4	8
							O	11	70	151
Speech T							11	—	1	12
							O	1	22	93
Lymphatic Glands T							5	—	—	5
							O	—	14	54
Heart T							3	—	—	3
							O	8	40	111
Lungs T							10	1	2	13
							O	4	64	125
Developmental : (a) Hernia T							6	—	1	7
							O	—	4	12
							3	—	7	10
							O	2	23	55
Orthopaedic : (a) Posture T							4	—	9	13
							O	3	11	19
							113	—	44	157
							O	8	51	118
							4	—	3	7
							O	2	27	55
Nervous System : (a) Epilepsy T							—	—	—	—
							O	—	11	20
							3	—	—	3
							O	—	11	28
Psychological : (a) Development T							—	—	—	—
							O	—	13	17
							—	—	—	—
							O	4	74	189
Abdomen T							1	—	—	1
							O	3	21	57
Other T							1	—	1	2
							O	1	16	25

OTHER EXAMINATIONS

A special examination is one that is carried out at the special request of a parent, doctor, nurse, teacher, or other person.

A re-examination is one arising out of one of the periodic examinations or out of a special examination.

Number of special examinations	...	...	1,614	(912)
Number of re-examinations	...	...	456	(213)
Total	...	...	2,070	(1,125)

The figures in brackets relate to 1969

SPECIAL EXAMINATIONS

All defects, including defects of pupils at Special Schools, noted at special medical examinations are included in this Table, whether or not they were under treatment or observation at the time of the examination.

Defect or Disease									Special Examinations	
									Pupils requiring treatment	Pupils requiring observation
Skin ...	...	...	...	...	...	...	...	...	—	—
Eyes (a) Vision	...	...	...	...	...	...	...	...	70	167
(b) Squint	...	...	...	...	...	...	...	...	1	1
(c) Other	...	...	...	...	...	...	...	...	—	1
Ears (a) Hearing	...	...	...	...	...	...	...	...	10	67
(b) Otitis Media	...	...	...	...	...	...	...	...	—	—
(c) Other	...	...	...	...	...	...	...	...	—	1
Nose and Throat	...	...	...	...	...	...	...	...	7	7
Speech	...	...	...	...	...	...	...	...	2	8
Lymphatic Glands	...	...	...	...	...	...	...	...	1	—
Heart	...	...	...	...	...	...	...	...	2	17
Lungs	...	...	...	...	...	...	...	...	1	4
Developmental— (a) Hernia	...	...	...	...	...	...	...	...	1	2
(b) Other	...	...	...	...	...	...	...	...	1	8
Orthopaedic (a) Posture	...	...	...	...	...	...	...	...	2	8
(b) Feet	...	...	...	...	...	...	...	...	3	23
(c) Other	...	...	...	...	...	...	...	...	—	1
Nervous System (a) Epilepsy	...	...	...	...	...	...	...	...	1	1
(b) Other	...	...	...	...	...	...	...	...	—	2
Psychological (a) Development	...	...	...	...	...	...	...	...	—	—
(b) Stability	...	...	...	...	...	...	...	...	1	17
Abdomen	...	...	...	...	...	...	...	...	—	—
Other	...	...	...	...	...	...	...	...	—	—

INFESTATION WITH VERMIN

Notes :—

All cases of infestation, however slight, are included. The numbers recorded at (b), (c) and (d) relate to individual pupils, and not to instances of infestation.

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	22,145	(22,897)
(b) Total number of individual pupils found to be infested	...	...	...	662	(539)
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	...	...	16	(95)
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	...	...	...	(—)	(—)

EYE DISEASES, DEFECTIVE VISION AND SQUINT

				<i>Number of cases known to have been dealt with</i>	
External and other, excluding errors of refraction and squint	...	...	...	5	(10)
Errors of refraction (including squint)	...	...	...	790	(861)
Total	...	...	...	795	(871)
Number of pupils for whom spectacles were prescribed	...	...	...	386	(464)

SPEECH THERAPY

				<i>Number of cases known to have been treated</i>	
Pupils treated by Speech Therapists	...	...	...	262	(216)
				(including 46 seen at home)	

The figures in brackets relate to 1969

OTHER TREATMENT GIVEN

						<i>Number of cases known to have been dealt with</i>	
(a)	Pupils with minor ailments	...	...	...	...	503	(565)
(b)	Pupils who received B.C.G. Vaccination	...	...	...	...	1,133	(1,225)

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

						<i>Number of cases known to have been dealt with</i>	
Received operative treatment :—							
(a)	for diseases of the ear	...	...	...	...	17	(9)
(b)	for adenoids and chronic tonsilitis			...	...	193	(103)
(c)	for other nose and throat conditions			...	...	16	(5)
Received other forms of treatment		...	...	...	...	—	(—)
TOTAL		...	...	...	...	226	(117)

REMEDIAL EXERCISES

						<i>Number of cases known to have been treated</i>	
Pupils treated at school for postural defects						260	(73)

DISEASES OF THE SKIN

						<i>Number of cases known to have been treated at school clinics</i>	
Ringworm (a)	Scalp	...	...	...	...	—	(—)
(b)	Body	...	...	...	...	—	(—)
Scabies	...	...	...	...	...	4	(—)
Impetigo	...	...	...	...	...	6	(7)
Other skin diseases	...	...	...	...	...	268	(250)
TOTAL						278	(257)

The figures in brackets relate to 1969

HANDICAPPED CHILDREN

During 1970, decisions were recorded under Section 57 of the Education Act, 1944 that 4 children were unsuitable for education in school.

Ascertained during 1970				Admitted to special schools during 1970		Parents refused consent to admission to special school		No. in special schools on 31.12.70		No. awaiting admission to special schools on 31.12.70	
Category				Recommended for admission to special school							
				M	F	M	F	M	F	M	F
Blind	...	...	...	—	—	—	—	—	1	—	—
Partially sighted	...	...	...	—	—	—	—	2	—	—	—
Deaf	...	...	...	—	—	—	—	3	4	—	—
Partially Hearing	...	...	...	—	1	—	2	6	3	—	—
Educationally sub-normal	...	...	...	25	16	18	12	115	86	11	6
Epileptic	...	...	...	—	—	—	—	—	—	—	—
Maladjusted	...	...	...	4	1	5	1	17	2	3	—
Physically Handicapped	...	...	...	—	—	—	—	8	5	—	—
Delicate	...	...	...	—	—	1	—	1	—	—	—
Speech	...	...	...	—	—	—	—	—	—	—	—
				29	18	24	15	152	101	14	6

PROTECTION OF SCHOOL CHILDREN AGAINST TUBERCULOSIS

The vaccination of children of the 13-14 years age group against tuberculosis continued during 1970. All children were given a preliminary skin test to see whether vaccination was necessary. By this means, some 8.0 per cent were found to have acquired some protection against tuberculosis and therefore did not require vaccination.

Number of 13-year-old children skin tested ...	...	...	...	1,273	(1,358)
Number of negative reactors (i.e. requiring B.C.G. Vaccine) ...	...	...	...	1,135	(1,243)
Number of positive reactors ...	...	...	...	102	(115)
Number vaccinated ...	...	...	...	1,133	(1,225)

DENTAL EXAMINATION AND TREATMENT

(a) Number of children examined :-					
At school ...	...	...	...	5,445	(3,497)
At clinic ...	...	...	...	2,693	(2,229)
TOTAL ...	...	...	...	8,138	(5,726)
(b) Number found to require treatment ...	...	...	...	4,770	(3,106)
(c) Number offered treatment ...	...	...	...	4,374	(2,453)
(d) Number of children re-examined at clinics ...	...	...	...	—	(435)
(e) Number of (d) found to require treatment ...	...	...	...	—	(113)

SESSIONS

Sessions devoted to treatment ...	...	...	...	1,368	(768)
Sessions devoted to examination ...	...	...	...	28	(27)
Sessions devoted to Dental Health Education ...	...	...	...	26	(7)

Treatment	Ages 5 to 9		Ages 10 to 14		Ages 15 and over		Total	
Number of children treated ...	1,454	(1,432)	975	(938)	158	(142)	2,587	(2,512)
Total attendances for treatment ...	3,727	(3,047)	2,829	(2,263)	503	(402)	7,059	(5,712)
Permanent teeth filled ...	1,615	(1,003)	2,616	(1,938)	567	(469)	4,798	(3,410)
Deciduous teeth filled ...	2,808	(1,831)	285	(104)	—	(—)	3,093	(1,935)
Permanent teeth extracted ...	64	(116)	440	(342)	109	(63)	613	(521)
Deciduous teeth extracted ...	1,717	(1,386)	598	(470)	—	(—)	2,315	(1,856)
General anaesthetics given ...	324	(156)	94	(31)	8	(2)	426	(189)
No. of children X-rayed ...							229	(173)
Prophylaxis (scaling, cleaning, gum treatment, etc) ...							358	(215)
Teeth otherwise conserved ...							52	(65)
Number of teeth root filled ...							17	(10)
Inlays ...							1	(—)
Crowns ...							29	(30)
DENTURES								
Children fitted with full upper or lower dentures (first time) ...	—	(—)	—	(—)	—	(—)	—	(—)
Children supplied with other dentures (first time) ...	—	(1)	2	(2)	4	(—)	6	(3)
Number of dentures supplied ...	—	(1)	4	(7)	3	(1)	7	(9)
ORTHODONTICS								
Cases remaining from previous year ...							—	(—)
New cases commenced during the year ...							46	(29)
Cases completed during the year ...							19	(15)
Cases discontinued during the year ...							—	(—)
Number of removable appliances fitted ...							77	(26)
Number of fixed appliances fitted ...							1	(3)
Children referred to County Orthodontist ...							11	(24)

The figures in brackets relate to 1969

CHILD GUIDANCE

Number of initial interviews with children and parents ...	...	...	...	...	9
Number of children seen at a consultation only ...	...	...	...	...	—
Number of children seen by psychiatrists ...	...	...	...	...	94
Number of children discharged by psychiatrists ...	...	...	...	...	40
Total number of therapeutic interviews with children and parents by psychiatrists ...	...	...	...	...	336
Number of visits by social workers ...	...	...	...	...	415
Number of children awaiting appointments at the of 1970 ...	...	...	...	...	18
Waiting time for first appointment at the end of 1970 ...	...	...	...	...	4 weeks

APPENDIX

Clinics provided directly by the Education Authority and under arrangements with Regional Hospital Boards

Type of Clinic	Treatment or Examination provided by the Education Committee	
*Child Guidance ...	<p>Trowbridge : County Health Clinic Mondays, 10 a.m. and 1.30 p.m. Wednesdays, 9.15 a.m.</p> <p>Salisbury : Central Health Clinic, Avon Approach, Castle Street Mondays, 9.15 a.m., 5th Tuesdays 9.15 a.m.</p> <p>Marlborough : County Council Clinic 8 Kingsbury Street 2nd and 4th Tuesdays, 2 p.m.</p> <p>Tidworth : Families Medical Centre, Military Hospital 1st and 3rd Fridays, 2.00 p.m.</p>	<p>Swindon : 81 Bath Road Thursdays, 10 a.m. and 1.30 p.m.</p> <p>Swindon : The Clinic, Priory Road Fridays, 9.45 a.m. and 1st and 3rd Wednesdays 10 a.m. and 1.30 p.m.</p> <p>Chippenham : County Health Clinic Tuesdays, 10 a.m.</p> <p>Devizes : County Health Clinic 2nd and 4th Tuesdays, 9.15 a.m.</p> <p>Amesbury : The Health Centre 1st and 3rd Tuesdays, 9.15 a.m.</p>
*Dental	<p>Amesbury : The Health Centre, The Drove By appointment</p> <p>Bradford-on-Avon : Lambert Memorial Hall 1st Thursdays, 9.30 a.m. and by appointment</p> <p>Calne : The Health Clinic, Coleman's Close Thursdays, 9.30 a.m. and by appointment</p> <p>Chippenham : County Health Clinic, Goldney Avenue Mondays, 9.30 a.m. and by appointment</p> <p>Corsham : County Council Clinic, Fuller Ave. Fridays, 9.30 a.m. and by appointment</p> <p>Devizes : County Council Clinic, New Park St. Fridays, 9.30 a.m. and by appointment</p> <p>Highworth : Recreation Centre Alternate Thursday afternoons and by appointment</p> <p>Marlborough : County Council Clinic, 8 Kingsbury Street Fridays, 9.30 a.m. and by appointment</p>	<p>Melksham : County Health Clinic, Lowbourn Tuesdays, 9.30 a.m. and by appointment</p> <p>Malmesbury : County Health Clinic, Crosshayes Mondays, 9.30 a.m. and by appointment</p> <p>Salisbury : Central Health Clinic, Avon Approach, Castle Street, by appointment</p> <p>St. Michael's Church Hall, St. Michael's Road, Bemerton Heath By appointment</p> <p>Swindon : School Dental Clinic, Health Centre Fridays, 2 p.m. and by appointment</p> <p>Trowbridge : County Health Clinic, The Halve Wednesdays, 9.30 a.m. and by appointment</p> <p>Warminster : County Health Clinic, The Avenue Mondays, 9.30 a.m. and by appointment</p> <p>Wroughton : County Health Clinic, 17 High Street Thursdays, 9.30 a.m. and by appointment</p>
*School Medical Officer's Clinics	<p>Chippenham, County Health Clinic 1st and 3rd Wednesdays at 2 p.m.</p> <p>Salisbury : Central Health Clinic, Avon Approach, Castle Street Alternate Wednesday mornings from 10 a.m. July 28th, August 11th, 25th etc.</p>	<p>Trowbridge : County Health Clinic Tuesdays, 10 a.m.</p>
*Speech Therapy ...	<p>Amesbury : The Health Centre, The Drove Tuesdays and Thursdays, 9.30 a.m.</p> <p>Chippenham : County Health Clinic Tuesdays and Fridays, 9.30 a.m. and 1.30 p.m. Thursdays, 1.30 p.m.</p> <p>Corsham : Fuller Avenue Wednesdays, 9.30 a.m. and 1.30 p.m.</p> <p>Devizes : County Council Clinic, New Park St. Wednesdays, 9.30 a.m.</p> <p>Highworth : Recreation Centre, The Elms Thursdays, 9.30 a.m.</p> <p>Melksham : County Health Clinic Thursdays and Fridays, 9.30 a.m.</p> <p>Mere : Lecture Hall Thursdays, 9.30 a.m.</p> <p>Malmesbury : County Health Clinic, Crosshayes Fridays, 1.30 p.m.</p>	<p>Salisbury : Central Health Clinic, Avon Approach, Castle Street Mondays and Tuesdays, 9.30 a.m. to 1.30 p.m. Fridays, 9.30 a.m.</p> <p>Trowbridge : County Health Clinic Wednesdays, 9.30 a.m. and 1.30 p.m.</p> <p>Warminster : County Health Clinic Wednesdays, 9.30 a.m.</p> <p>Marlborough : County Health Clinic 8 Kingsbury Street Tuesdays, 9.30 a.m.</p> <p>Swindon : Health Centre, Milton Road Thursdays, 9.30 a.m. and 1.30 p.m.</p> <p>Calne : The Health Clinic, Coleman's Close Wednesdays, 9.30 a.m.</p> <p>Tidworth : Families Medical Centre, St. Andrews Road Thursdays, 1.30 p.m.</p>

*See note at foot of page 36

Type of Clinic				Treatment or Examination provided by Regional Hospital Boards	
Ophthalmic	...	...		Chippenham and District Hospital 1st, 3rd and 5th Thursdays, at 9.30 a.m. 2nd and 4th Tuesdays, at 9.30 a.m.	Salisbury General Infirmary Mondays, 9.0 a.m. Tuesdays, 9.30 a.m. in school terms
				Corsham : County Council Clinic, Fuller Ave. Wednesdays (by arrangement) 10 a.m. to 1 p.m.	Swindon : Ophthalmic Department, Princess Margaret Hospital, Okus Road Mondays, 9.30 a.m.
				Devizes and District Hospital Mondays, 2 p.m.	Tidworth : Military Hospital Tuesdays (by arrangement)
				Malmesbury and District Hospital 2nd and 4th Fridays 2 p.m.	Trowbridge : County Health Clinic Wednesdays (by arrangement) 10 a.m. and 1 p.m.
				Savernake Hospital Thursdays (1st and 3rd in month), 10 a.m.	Warminster : Methodist Schoolroom, George Street 2nd, 4th and 5th Fridays in month, 2.15 p.m.
Orthopaedic	...	...		Calne : The Health Centre, Coleman's Close Surgeon attends 2nd Tuesdays at 10.30 a.m. Sister attends every Tuesday at 10.30 a.m.	Salisbury General Infirmary Surgeon attends every Wednesday morning at 10 a.m.
				Chippenham : County Health Clinic Corsham : County Council Clinic, Fuller Avenue These two clinics are run in conjunction with each other. Surgeon attends both on 1st Friday in alternate months Sister attends each Clinic every Wednesday	Swindon : Princess Margaret Hospital, Okus Road By appointment from the Hospital
				Devizes : County Health Clinic Surgeon attends 1st, 3rd and 5th Thursdays in the month, 10.15 a.m., and Sister attends 2nd and 4th Thursday, 10.15 a.m.	Marlborough : Savernake Hospital Surgeon attends 2nd and 4th Tuesdays, 10.30 a.m. Sister attends every Tuesday, 10.30 a.m.
				Malmesbury and District Hospital Surgeon attends 2nd Monday in month, 10.30 a.m. Sister attends every Monday, 1st and 5th, from 10 to 10.30 a.m.; 2nd, 3rd and 4th at 10.30 a.m. and 1.30 p.m.	Trowbridge : County Health Clinic Surgeon attends 4th Fridays 10.30 a.m. and 1.30 p.m. Sister attends every Friday, 10.30 a.m. and 1.30 p.m.
					Warminster : District Hospital Surgeon attends on 1st Monday in month, 10.30 a.m. Weekly clinics held by After-Care Sisters every Monday
Ear, Nose and Throat	...	...		Bath : Royal United Hospital By appointment from the Hospital	Salisbury : General Infirmary By appointment from the Hospital
				Chippenham and District Hospital By appointment from the Hospital	Savernake Hospital By appointment from the Hospital
				Cirencester Hospital By appointment from the Hospital	Shaftesbury Hospital By appointment from the Hospital
				Corsham : County Council Clinic, Fuller Avenue 2nd Monday at 2.30 p.m.	Swindon : Princess Margaret Hospital By appointment from the Hospital
				Devizes and District Hospital By appointment from the Hospital	Trowbridge : Trowbridge and District Hospital By appointment from the Hospital
Heart	...	...		Malmesbury and District Hospital By appointment from the Hospital	Warminster and District Hospital By appointment from the Hospital
				Melksham and District Hospital By appointment from the Hospital	Westbury and District Hospital By appointment from the Hospital
				Corsham : County Council Clinic, Fuller Ave. By arrangement	Trowbridge and District Hospital By arrangement
				Salisbury General Infirmary By appointment from the Hospital	

N.B. Children for examination at these Clinics, except dental clinics, should be referred through the Principal School Medical Officer. Child guidance, eye and heart clinics are held *as required* on the days and at the times stated in the table, and are not regular fixed sessions. The dental clinics listed in the table are the normal regular sessions for special and emergency cases. The premises are, however, used also by the dental officers when they are carrying out the routine treatment of children from schools in the neighbourhood.

